

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579,006

FILING DATE

5/11/06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				①		
5				①		
6				①		
7				①		
8				①		
9				①		
10				①		
11				①		
12				1		
13				1		
14			1			
15				1		
16				1		
17			1			
18				1		
19				1		
20				①		
21				1		
22				①		
23				1		
24				1		
25				①		
26				①		
27				1		
28			e			
29				1		
30			e			
31			e			
32			e			
33			1			
34			1			
35				2		
36			e			
37			1			
38				1		
39			1			
40						
41			1			
42				1		
43				1		
44			e			
45				1		
46			e			
47			1			
48				1		
49			1			
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			e			
53						
54						
55			e			
56						
57						
58						
59						
60						
61						
62						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.		←	35	←		←
TOTAL CLAIMS			46			